

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43283

BIRTH NO. 2900-50		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 191			
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY New Madrid					
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (If in this place) 3 3/4 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) New Madrid		0720			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.				d. STREET ADDRESS (If rural, give location) Rt. # 1, Box 113					
3. NAME OF DECEASED (Type or Print) Geraldine		a. (First)		b. (Middle)		c. (Last) Grant			
4. DATE OF DEATH Dec. 19, 1950		5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single			
8. DATE OF BIRTH 1-26-50		9. AGE (In years last birthday) 10		10. MONTH 3		11. HOURS 5			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) New Madrid, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME W.C. Grant		13b. MOTHER'S MAIDEN NAME Dora Lee Duncan		14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME W.C. Grant, Father		ADDRESS New Madrid, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rupture DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 Sweet 0561	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 12-19, 1950, to 12-19, 1950, that I last saw the deceased alive on 12-19, 1950, and that death occurred at m., from the causes and on the date stated above.									
23a. SIGNATURE R. W. Hunter		(Degree or title) Mrs.		23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 12-21-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/20/50		24c. NAME OF CEMETERY OR CREMATORY Sandhill		24d. LOCATION (City, town, or county) New Madrid (State) Mo.			
DATE REC'D BY LOCAL REG. Dec 27-50		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		FUNDAL DIRECTOR'S SIGNATURE R. W. Hunter		ADDRESS New Madrid			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 2 1951
SCOTT COUNTY HEALTH CENT
CO. FILE NO. 151-2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 3803

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.